SUMMARY #3

COMMENTS FROM AUGUST 22, 2011 STAKEHOLDER MEETING REGARDING THE TRANSFER OF MEDI-CAL RELATED SPECIALTY MENTAL HEALTH SERVICES

- Include peer support in the benefits package.
- Some Department of Mental Health (DMH) stakeholder/advisory committees and the Office of Consumer Affairs are statutorily mandated – these will also apply to Medi-Cal.
- Stakeholders want to participate in the workgroups that the Department of Health Care Services (DHCS) has currently formed with DMH. [editor's note: The current workgroups are focusing on administrative tasks associated with the transfer, not administrative or programmatic policy change.]
- Do not have two systems for data and outcomes in the Drug Medi-Cal Treatment Program and specialty mental health services programs.
- Do not let the process go too far before involving stakeholders, to ensure that people have an opportunity to affect the design of the program.
- The transition plan does not have specific commitments, with timelines, that address the stakeholder concerns and recommendations
- The issues of parity and integration should be on the table for discussion now.
- There have been multiple reports and stakeholder input over time regarding the state of mental health services in California (e.g. little Hoover Commission); DHCS should be studying those reports.
- Mental health services need better oversight and quality improvement.
- County Boards of Mental Health should be involved in the process; they are not always in line with what the mental health directors want.
- Concern about lateral links to other services (i.e. non-Medi-Cal) and cultural competence.
- Concern that realignment will reduce accountability.
- What will happen with the Performance Contract and monitoring of such?
- APS Healthcare, which is the current External Quality Review Organization (EQRO), has 5 years of utilization data on its website that can used reviewed in this process. It has conducted multiple interviews with clients, families, providers and counties; there are seven years of data and findings.
- The transition plan makes no reference to the Mental Health Services Act (MHSA); when will integration happen?
- There was an Integrated Plan work group; what happened to it?
- What is happening with the non-Medi-Cal mental health services?
- There is a three-tiered system of care; some people do not make it in at all.
- The Office of Multicultural Services should go to DHCS.
- No mental health boards have been invited to participate; we need more communication in this process.
- Do not revert to the medical model when transferring the mental health services to DHCS.
- This plan is a high level approach, and we need to get down to the ground level
- Under a 2005 MHSA requirement, DMH surveyed counties and 95-100 percent reported that clients were inadequately served (per DMH's definition); has there been improvement?
- The transition plan does not include an actual commitment to changing anything. It is not sufficient to just note issues but that a plan is also needed for how issues will be addressed.

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- Need a profile/survey of county systems of care to identify what services are provided, access, who is receiving services, what services are in demand. Previous surveys have showing lack of services and disparities in counties.
- Need better oversight in California. Realignment is perceived as a way to abandon oversight.
- Counties and board of supervisors are not on board with changes
- Need lateral links between Medi-Cal and other Non-Medi-Cal functions of DMH
- Importance of multicultural health competence cannot be understated, including the need for standards and a cultural competence plan.
- Need integration of all services and reimbursement systems (proposition 63 intent), not silos; need true leadership
- Need wellness and recovery based programs and alternatives to locked facilities, along with coordination of services.
- Re-establish the expert family pool workgroup—previously part of DMH functions
- DHCS needs to: Know how many clients are adequately served or are underserved; Ask counties what services they provide, and penetration their rates; Know the capacity of small organizations and access to emergency systems, and services by small organizations.
- MHSA provided a standard for what is adequately served; MHSA has not had its fair run; MHSA was built on a stable funding base—but based is not achieved
- Clients still do not know about the stakeholder process; Clients are unable to contact State—need an alternative way to be able to contact State directly.